Chronic Disease Indicators: Indicator Definition

Adults aged >=18 years with arthritis who have taken a class to learn how to manage arthritis symptoms

Category:	Arthritis
Demographic Group:	Resident persons aged >=18 years.
Numerator:	Respondents aged >=18 years who report doctor-diagnosed arthritis and who report ever taking a course or class on managing their arthritis or joint symptoms.
Denominator:	Respondents aged >=18 years who report doctor-diagnosed arthritis (excluding unknowns and refusals).
Measures of Frequency:	Annual prevalence with 95% confidence interval.
Time Period of Case Definition:	Current.
Background:	There are about 46 million adults with doctor-diagnosed arthritis and 18.9 million have arthritis-attributable activity limitation*. In 2003 arthritis cost an estimated $128 billion (direct medical and indirect costs)**.
Significance :	Self-management education programs can reduce pain and health care costs and are an important arthritis intervention. The Arthritis Foundation's Self-Help Program teaches people how to manage arthritis and lessen its effects. This 6-week course reduces arthritis pain by 20% and physician visits by 40%. More widespread use of this course and similar programs—such as the Chronic Disease Self-Management Program, which addresses arthritis along with other chronic diseases—could save money and improve quality of life for people with arthritis. This measure will indicate the proportion of adults with arthritis who have ever taken a course or class to manage their symptoms.
Limitations of Indicator:	Doctor-diagnosed arthritis is self-reported in BRFSS and was not confirmed by a health-care provider or objective monitoring; however, such self-reports have been shown to be valid for surveillance purposes***. Comparisons of tabular data between states should be made with caution because the prevalence estimates are not adjusted for population characteristics (e.g., age) that might explain state-to-state differences. Unadjusted data are presented in this report to provide actual estimates for state-level program planning. This question comes from a BRFSS Optional Module, so data are missing for some states.
Data Resources:	Behavioral Risk Factor Surveillance System (BRFSS). http://www.cdc.gov/arthritis/data_statistics/index.htm
Limitations of Data Resources:	As with all self-reported sample surveys, BRFSS data might be subject to systematic error resulting from noncoverage (e.g., lower telephone coverage among populations of low socioeconomic status, exclusion of people without land lines, persons in the military, or those residing in institutions), nonresponse (e.g., refusal to participate in the survey or to answer specific questions), or measurement (e.g., social desirability or recall bias).
Healthy People 2010 Objectives:	2-8. Increase the proportion of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition.

* Hootman JM, Helmick CG. Projections of US prevalence of arthritis and associated activity limitations. Arthritis Rheum 2006;54:226--9.
** Yelin E, Cisternas M, Foreman A, Pasta D, Murphy L, Helmick C. National and state medical expenditures and lost earnings attributable to arthritis and other rheumatic conditions—United States, 2003. MMWR 2007;56(1):4–7.
*** Sacks JJ, Harrold LR, Helmick CG, Gurwitz JH, Emani S, Yood RA. Validation of a surveillance case definition for arthritis. J Rheumatol 2005;32:340–7